

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT/ET

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	2		1			
TOTAL DEP.	16					
TOTAL	18					

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
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99					
100					
TOTAL IND.		1			
TOTAL DEP.					
TOTAL					